Case 2:17-bk-56669 Doc 14 Filed 11/01/17 Entered 11/01/17 15:59:08 Desc Main Document Page 1 of 2

								1							
Fill	in this information to ider	ntify your ca	ase:												
Deb	otor 1 Jan	nes N We	ells												
	otor 2														
Uni	ted States Bankruptcy Co	ourt for the	: SOUTHERN DISTRIC	T OF O	HIO										
Case number (If known) 2:17-bk-56669								Check	if this is:						
				-					☐ An amended filing						
											wing postpetition e following date				
0	fficial Form 10	<u>6l</u>						MI	M / DD/ YY	YYY					
S	chedule I: You	ur Inc	ome									12/15			
spo atta	use. If you are separate ch a separate sheet to to tall. Describe Em	ed and you this form.	are married and not filir r spouse is not filing w On the top of any additi	ith you,	do not inclu	de infor	mati	on about	your spou	use. If	more space is	needed,			
1.	Fill in your employme information.	Fill in your employment information.			Debtor 1					Debtor 2 or non-filing spouse					
	If you have more than o		Employment status	■ Employed					■ Employed						
	attach a separate page with information about additional employers.		. ,	☐ Not employed					☐ Not employed						
			Occupation	Floor Installer				Secretary							
	Include part-time, seas self-employed work.					Self Employed					Northern Local School District				
	Occupation may includ or homemaker, if it app		Employer's address	St. 43076			8700 Sheridan Rd., NW Thornville, OH 43076								
			How long employed there? 31 years					2 years							
Par	t 2: Give Details	About Mor	nthly Income												
	mate monthly income a use unless you are separ		ate you file this form. If	you have	e nothing to r	eport for	any	line, write	\$0 in the s	space.	Include your no	on-filing			
	u or your non-filing spous e space, attach a separa		ore than one employer, co	ombine tl	he informatio	n for all	empl	oyers for t	hat persor	on the	e lines below. If	you need			
								For Deb	tor 1		Debtor 2 or filing spouse				
2.		st monthly gross wages, salary, and commissions (bef ductions). If not paid monthly, calculate what the monthly				2.	\$		0.00	\$	2,079.20	_			
3.	Estimate and list monthly overtime pay.					3.	+\$	-	0.00	+\$	0.00	-			
4.	Calculate gross Incor	ne. Add lir	ne 2 + line 3.			4.	\$		0.00	\$	2,079.20				

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Deb	tor 1	James N Wells	_	С	case number (if known)		2:17-bl	k-566	69	
					For Debtor 1		For De	ebtor :	2 or	
							non-filing spouse			
	Сор	y line 4 here	4.	-	\$ 0.00	_	\$		079.20	<u></u>
5.	List	all payroll deductions:								
٠.	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 0.00	i	\$		66.30)
	5b.	Mandatory contributions for retirement plans	5b.		\$ 0.00	_	\$		207.92	_
	5c.	Voluntary contributions for retirement plans	5c.		\$ 0.00	_	\$		0.00	_
	5d.	Required repayments of retirement fund loans	5d.		\$ 0.00	_	\$		0.00	_
	5e.	Insurance	5e.		\$ 0.00	_	\$		380.80	_
	5f.	Domestic support obligations	5f.		\$ 0.00	_	\$		0.00	_
	5g.	Union dues	5g.		\$ 0.00	_	\$		0.00)
	5h.	Other deductions. Specify:	_ 5h.	+	\$ 0.00	<u> </u>	\$		0.00)
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	,	\$0.00	<u>_</u>	\$	(655.02	<u>!</u>
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	,	\$0.00	_	\$	1,	424.18	<u> </u>
8.		all other income regularly received:								
	8a.	Net income from rental property and from operating a business, profession, or farm								
		Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.		\$5,671.00	_	\$		0.00	_
	8b.	Interest and dividends	8b.		\$0.00	_	\$		0.00	<u>) </u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce								
		settlement, and property settlement.	8c.		\$ 0.00	J	\$		0.00)
	8d.	Unemployment compensation	8d.		\$ 0.00	_	\$		0.00	_
	8e.	Social Security	8e.		\$ 0.00	_	\$		0.00	<u> </u>
	8f.	Other government assistance that you regularly receive								
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental								
		Nutrition Assistance Program) or housing subsidies.								
		Specify:	8f.		\$ 0.00)	\$		0.00)
	8g.	Pension or retirement income	8g.		\$ 0.00	_	\$		0.00	<u> </u>
	8h.	Other monthly income. Specify:	_ 8h.	+	\$0.00	_ +	\$		0.00)
9.	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.			\$	5,671.00] '	\$	0.0		0
٥.	Auu	an other medine. Add mies da robrocrod rocron rogrom.	9.	L	3,071.00	∃ !	Ľ <u></u>		0.0	U
10	Calc	culate monthly income. Add line 7 + line 9.	10.	æ	5,671.00 +		1,424	1 10	= \$	7,095.18
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	3,071.00	_	1,424	1.10	- Ψ -	1,093.16
11		e all other regular contributions to the expenses that you list in Schedule	, –							
		ide contributions from an unmarried partner, members of your household, your		nde	ents, your roommat	es,	and			
		r friends or relatives.			•					
	Do r Spe	not include any amounts already included in lines 2-10 or amounts that are not a cifv:	availa	ble	to pay expenses li	ste	d in Sch	nedule 11.		0.00
							_	1		0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.									
		e that amount on the Summary of Schedules and Statistical Summary of Certai	n Liat	biliti	ies and Related <i>Da</i>	ta,	if it	12.	\$	7,095.18
	appl	les						L	Ψ	•
									Combi	ned ly income
13.	Dov	you expect an increase or decrease within the year after you file this form	?						month	iy iiicoiiie
-		No.								
		Yes Explain:								